



**Little Traverse Bay Bands of Odawa Indians
Enrollment Office**

7500 Odawa Circle
Harbor Springs, Michigan 49740

**(231) 242-1520 • (231) 242-1521
FAX (231) 242-1526**



Authorization for Release of Information

I _____ Authorize the Little Traverse Bay Bands Enrollment Office
(name of requestor printed name)

to release documents on: Check below Printed Name Date of Birth
☐ Myself _____ / /
☐ Minor _____ / /
☐ Other _____ / /

Type of documents to be released: _____

Please supply the name and address **OR** fax number of documents to be released to:

Fax Number No.	Mailing Address:
Attn: _____	Attn: _____
(area code)	mailing address city state zip

Documents to be included with this form

You must provide proof of identification such as a Tribal Identification card, state identification card or driver's license. If you are a parent or legal guardian, proof of identification and guardianship papers are required.

This form must be completed in its entirety. The LTBB Enrollment Office may decline your request if proof of identification is not provided. This authorization will expire on _____. (list date).

Signature _____ Date _____
Relationship to Tribal Citizen/other (If parent or legal guardian) _____